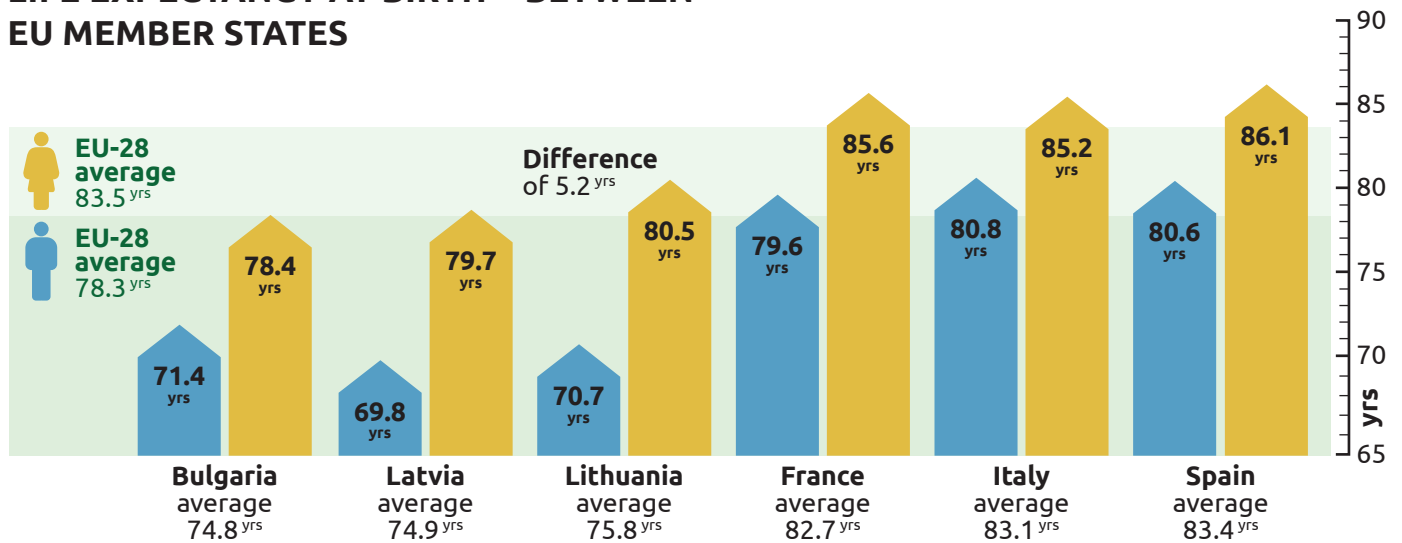


Health Inequalities in Europe

On average people in Europe are living longer and in better health than ever before¹. However, many people are being left behind. **Big differences remain between groups of people and countries.**

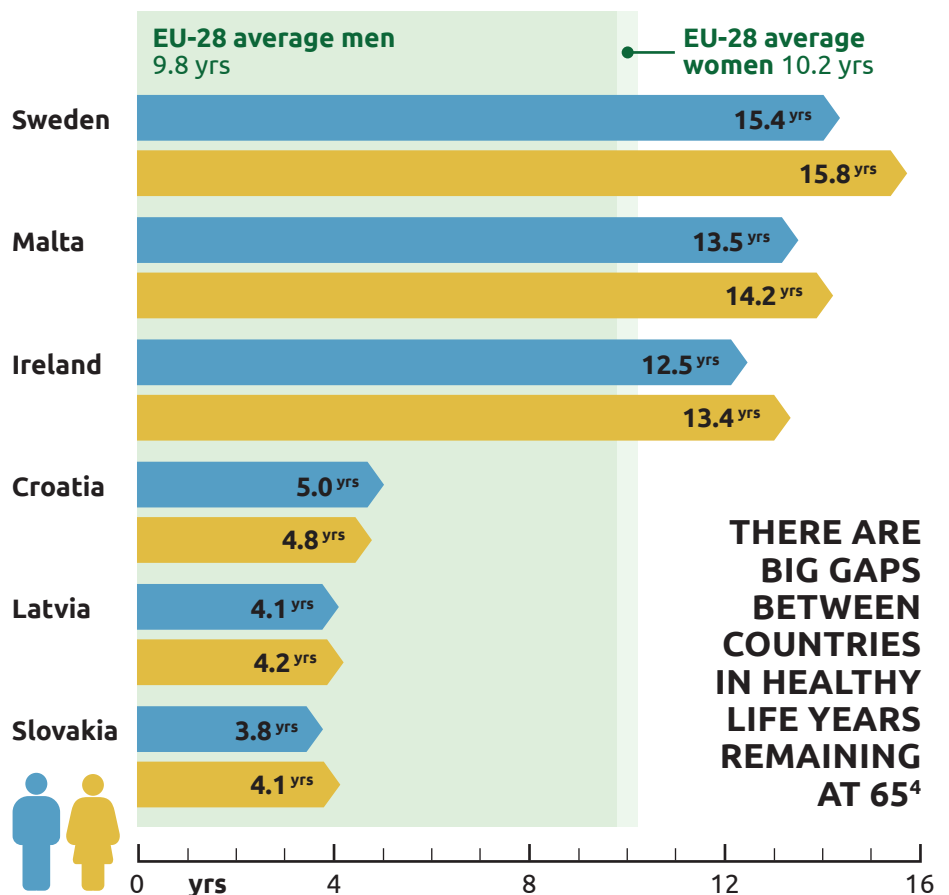
LIFE EXPECTANCY AT BIRTH^{2,3} BETWEEN EU MEMBER STATES



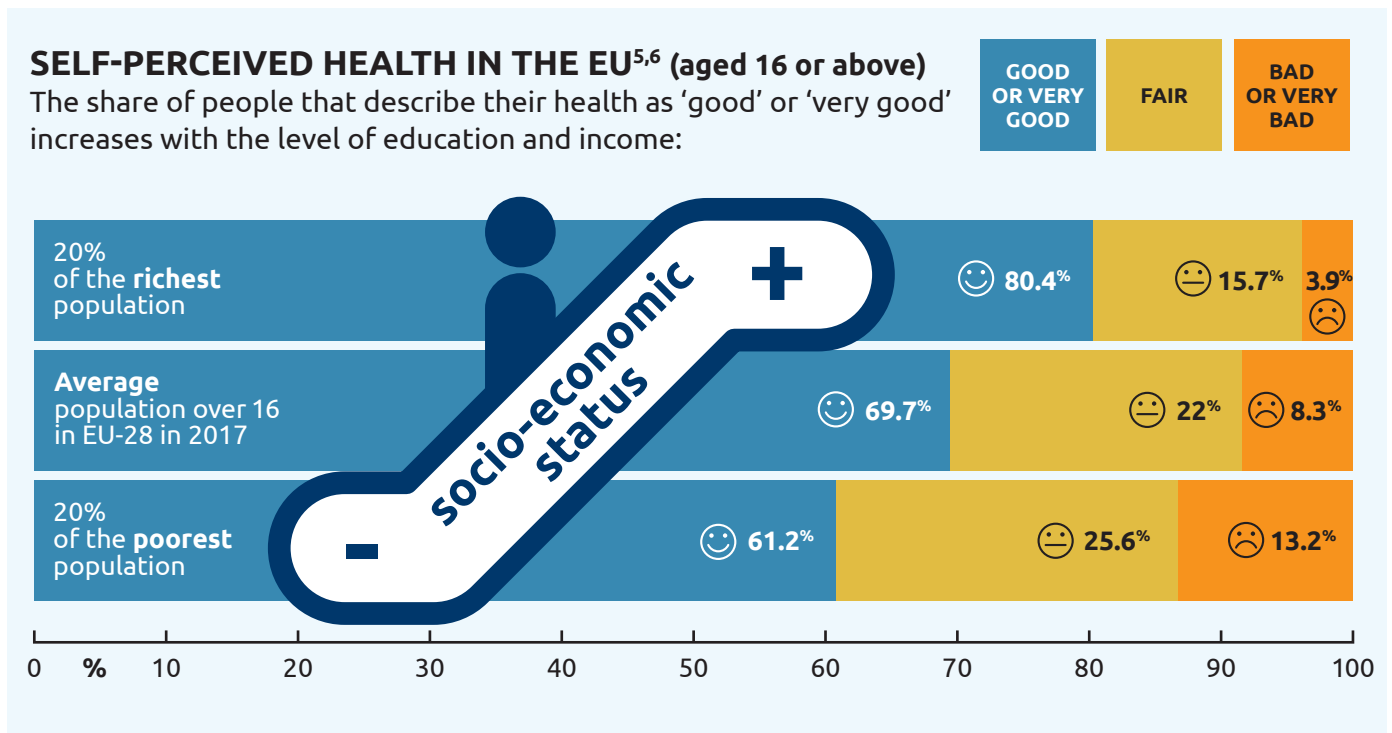
HEALTHY LIFE YEARS

or disability-free life years describe the number of years lived in a healthy state.

Although women in Europe live longer, most of the additional years gained tend to be lived with activity limitation/in poorer health, as gender differences in Healthy Life Years are much smaller.

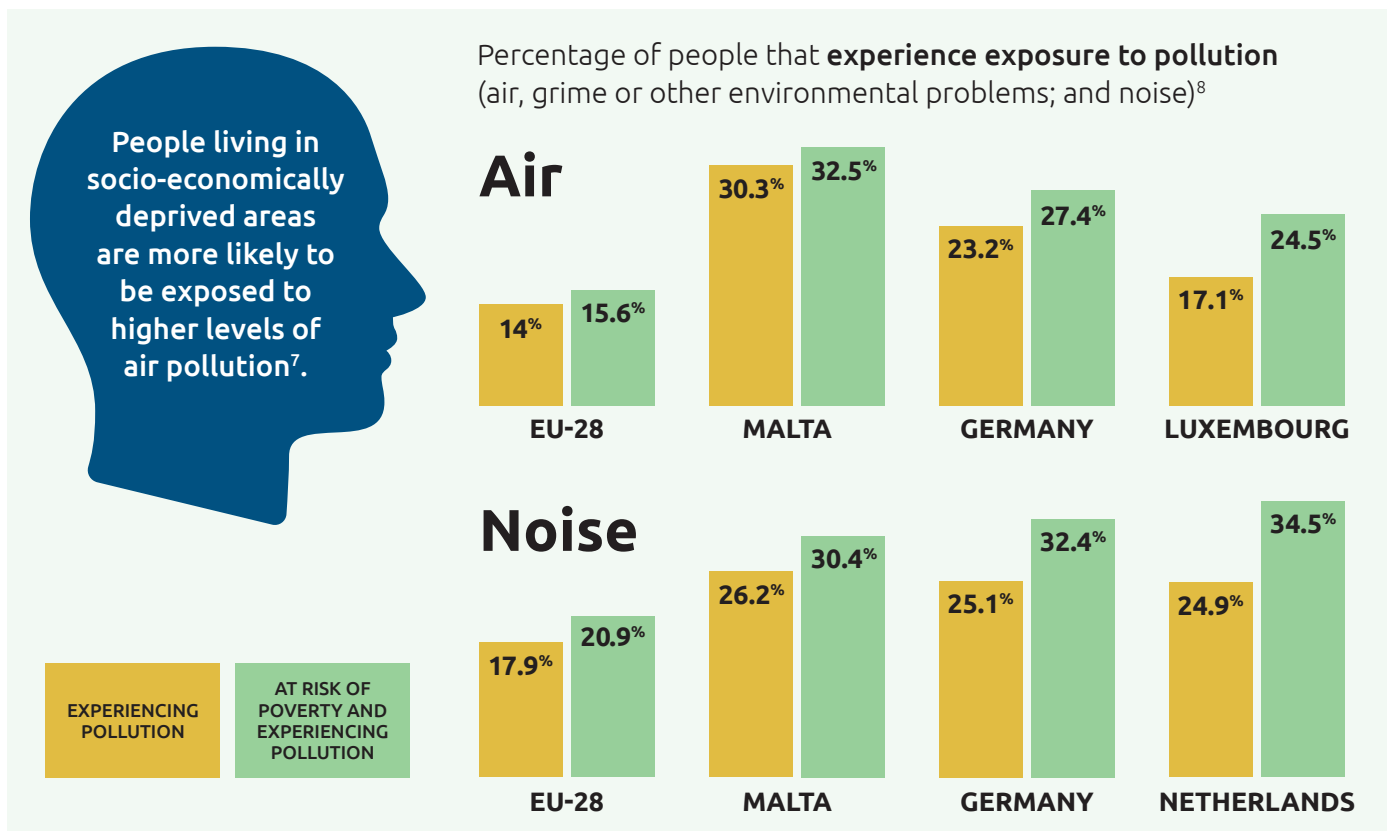


In general, the lower a person's socio-economic status, the worse the health outcomes. This is the **social gradient in health**. It exists in all countries, but the steepness of the curve varies.

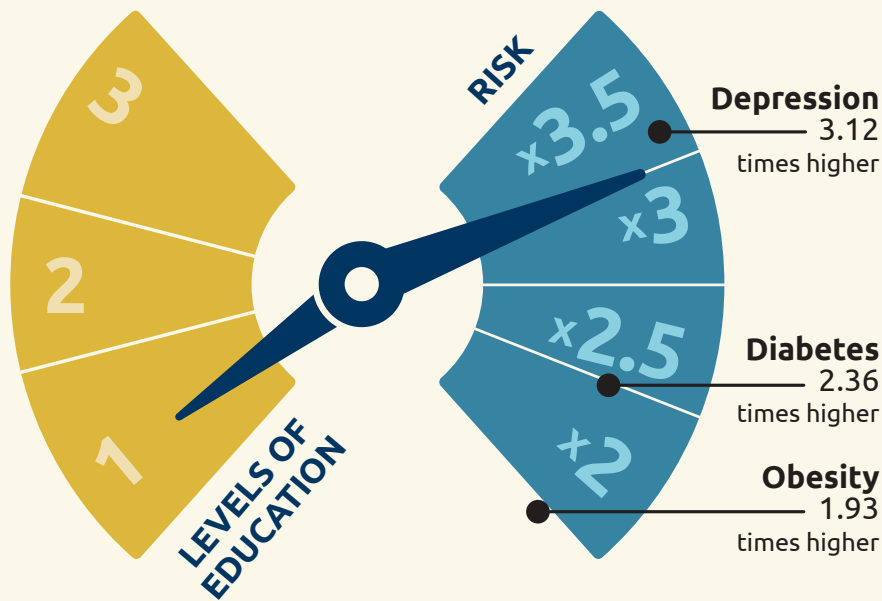


Health outcomes and **health inequalities** are influenced by the social, economic, and environmental determinants of health - the conditions in which we are born, grow, live, work, and age.

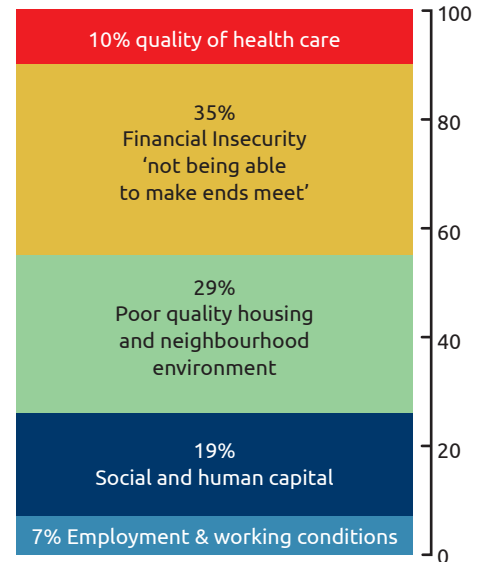
HEALTH INEQUALITIES are the differences in health between different groups of people which are avoidable by reasonable means.



People with **lower levels of education** have a **higher risk** of suffering from certain illnesses than those with a high level of education¹⁰:



The WHO **Health Equity Status Report**⁹ indicates that 90% of health inequalities can be explained by financial insecurity, poor quality housing and neighbourhood environment, social exclusion, and lack of decent work and poor working conditions:



**980 € =
000 9.4%
000 EU
000 GDP**

Economics of health inequalities

Health inequalities **reduce** economic and social productivity and lead to higher healthcare and welfare costs.

In the European Union, inequalities in health are estimated to cost **€980 billion per year**¹¹, or 9.4 percent of European GDP. A 50% reduction in gaps in life expectancy would provide monetized benefits to countries ranging from 0.3% to 4.3% of GDP¹².

A Call to Action to **reduce** health inequalities



Health is an enabler of social and economic participation in daily life, the 'motor' behind our economies, and a key determinant of a person's wellbeing, happiness and life satisfaction. In EU surveys, **people systematically value good health above all other aspects of their lives**. They also consistently indicate being concerned about growing inequalities¹³.

We must take action to ensure that good health is not simply a prerogative of the well-off, but of everyone. Health inequalities reveal that market economies are not delivering wellbeing in a fair and effective manner. Reducing health inequalities is possible, represents a good investment and has strong public support.

Health inequalities:

- Reduce individual wellbeing, happiness and life satisfaction as well as people's ability to contribute to society.
- Undermine economic growth and prosperity, a socially just transition to a sustainable economy, and the implementation of the SDGs agenda.
- Increase health and social care expenditures.
- Challenge European values of equality (incl gender), solidarity (incl. inter-generational), and justice.

What we can do?

1. Make health equity a central indicator of sustainable development and of health system performance assessments. It is covered by UN Sustainable Development Goals (SDGs) 3 and 10 and is key to achieving many other SDGs.
2. Build capacities of professionals across the health sector to understand health inequalities in order to deliver appropriate, person-centred services and to work across sectors to improve the underlying determinants of health such as unemployment and social exclusion.
3. Engage in efforts to strengthen social protection systems and improve living conditions for all, implement the European Pillar of Social Rights, achieve the SDGs to make sure that no-one is left behind, and reduce inequalities in education.
4. Adopt measures that have been proven to prevent ill health. This includes smoke-free legislation and minimum unit pricing for alcohol, environmental measures (housing, transport) and address commercial determinants of health, by e.g. taxing unhealthy products and subsidising the production of fruits and vegetables.
5. Invest more in health promotion and disease prevention services, and in improving health and digital health literacy, with a focus on reaching those in greater need.
6. Invest in comparable data at local, regional and national level that can be used to measure and address health inequalities.
7. Develop capacities to analyse data, and to design and evaluate measures that can reduce health inequalities, to e.g. improve understanding of how to apply the principle of 'proportionate universalism' to policies.
8. Increase and use public funds (e.g. European Structural and Investment Funds, European Investment Bank loans) to develop the capacity of health professionals and administrators to address health inequalities, and to stimulate investments and collaboration across sectors (including private) in human and social capital and the determinants of health.
9. Engage in cross country dialogue on effective approaches to improve health equity, as is done in the Joint Action on Health Inequalities in Europe (JAHEE). Establish benchmarks and exchange good practice.

References can be found at
www.eurohealthnet.eu

Find out more about health inequalities
and health promotion in Europe at
eurohealthnet.eu — health-inequalities.eu



This publication has received financial support from the European Union Programme for Employment and Social Innovation 'EaSI' (2014-2020). For further information please consult ec.europa.eu/social/easi. The information contained in this publication does not necessarily reflect the official position of the European Commission.

Building a healthier future for all by addressing the determinants of health and reducing inequalities
EuroHealthNet is the leading partnership for improving health, equity and wellbeing in Europe. It is a not-for profit association of organisations, agencies and statutory bodies working on public health, disease prevention, promoting health, and reducing inequalities. EuroHealthNet's work focuses on policy, practice, and research. Its unique focus is on reducing health inequalities through action on the social determinants of health, integrating sustainable development goals, and contributing to the transformation of health systems. This document was published in September 2019

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